

Message: RE: RFO - [REDACTED]

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✉ RE: RFO - [REDACTED]

**From** Carrie Hoelscher

**Date** Thursday, June 1, 2017 4:01 PM

**To** Kraft, Emily

**Cc**

**Journal** Emily.kraft@oa.mo.gov

**Recipients**

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 **image004.png** (7 Kb HTML)  **image002.jpg** (4 Kb HTML)  **RFO - [REDACTED] 5-31-17.docx**  
(56 Kb HTML)

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Emily,

My apologies, I was in a rush and failed to think through the fact that Options needed to submit a new RFO with this estimate. Apparently they found a couple more issues with the vehicle that need fixed, so the original RFO has an incorrect dollar amount on it.

Sorry!

Carrie

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**From:** Carrie Hoelscher [mailto:carrie@allianceforlifemissouri.com]

**Sent:** Thursday, June 1, 2017 3:39 PM

**To:** Emily Kraft (Emily.kraft@oa.mo.gov)

**Subject:** RFO - [REDACTED]

Emily,

Attached is a proper estimate for [REDACTED] for the RFO I sent you yesterday.

Thank you!

Carrie

Carrie Hoelscher

A2A Program Manager



Email 1

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*Our Vision: To unify and champion LIFE ministries.*

*Our mission: To save and change lives through **Equipping** people, **Empowering** ministries, and **Engaging** communities toward a culture of LIFE.*



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## Attachment 12

- [\[Reimbursement Request for Other Services\]](#)

**Office of Administration**

Commissioner's Office

**Reimbursement Request for Other Services**Program: **Alternatives to Abortion**Contractor: \_\_\_Alliance for Life\_\_\_\_\_Subcontractor: \_\_\_Options Pregnancy Clinic\_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_Katrina Maxwell\_\_\_\_\_ Date Enrolled \_\_\_4/11/2017\_\_\_\_\_

Proposed Purchase Date	Item	Total Cost  (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6/1/2017	Car Repairs for 2011 Jeep Compass – replace both front left & right ball joints and perform alignment	\$435.05	Client is without transportation and needs the car fixed so she can attend dr. appointments, and get to a place of employment. Client cannot pay for repairs because she has no car to get her to work. There are no other funding sources in the area that help with car repair expenses.
Amt to be reimbursed	\$435.05		

*The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

Authorized person requesting purchase: \_\_\_Christina Todd\_\_\_\_\_

Alliance for Life Program Manager: Marsha Middleton

Purchase is Approved ☐ Denied ☐ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_